

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # P11891 (9)

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business

17911 VON KARMAN
SUITE 300
IRVINE CA 92714
US

Mailing Address

17911 VON KARMAN
SUITE 300
IRVINE CA 92714
US

3. Date Incorporated or Qualified
10/23/1986

3a. Date of Last Report
03/10/1995

4. FEI Number

86-0417131

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETE
NAME FOLEY, WILLIAM P. II
STREET ADDRESS 17911 VON KARMAN, STE. 500
CITY-ST-ZIP IRVINE CA

1.1 TITLE Secretary ☐ Change ☒ Addition
1.2 NAME M'Liss Jones Kane
1.3 STREET ADDRESS 17911 Von Karman Ste. 300
1.4 CITY-ST-ZIP Irvine CA 92714

TITLE VD ☐ DELETE
NAME WILLEY, FRANK P.
STREET ADDRESS 17911 VON KARMAN, STE 500
CITY-ST-ZIP IRVINE CA

2.1 TITLE President ☐ Change ☒ Addition
2.2 NAME Patrick Stone
2.3 STREET ADDRESS 17911 Von Karman, Ste 500
2.4 CITY-ST-ZIP Irvine CA 92714

TITLE VS ☐ DELETE
NAME HUNT, CYNTHIA J.
STREET ADDRESS 2390 E CAMELBACK #315
CITY-ST-ZIP PHOENIX AZ

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VTD ☐ DELETE
NAME STRUNK, CARL A.
STREET ADDRESS 17911 VON KARMAN, STE. 500
CITY-ST-ZIP IRVINE CA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME QUIRK, RAYMOND R.
STREET ADDRESS 17911 VON KARMAN, STE. 500
CITY-ST-ZIP IRVINE CA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~D~~ ☒ DELETE
NAME GALINDA, LAURENCE E.
STREET ADDRESS 17911 VON KARMAN, STE. 500
CITY-ST-ZIP IRVINE CA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

(714) 622-4333

Daytime Phone #

CR2E034 (12/95)